The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information and to provide you access to and disclosure of health information. The federal government has privacy rules that require that we provide you with information on how we might use or disclose your identifiable health information. We are required by the federal government to give you our Notice of Privacy Practices. ORGANIZATION'S PRACTICES

As a health care provider, we use your confidential health information and create records regarding that health information in order to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights and the confidentiality of the health information that we create, obtain, or maintain about you. As required by law, we have prepared this Notice of Privacy Practices to inform you of our legal duties and privacy practices with respect to health information that we may use or disclose about you. We are required by law to: (1) make sure we have reasonable processes in place to keep your health information private; (2) give you this Notice of our legal duties and privacy practices; and (3) follow the requirements of this Notice that are currently in effect.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The following information describes different ways that we may use or disclose your health information without your authorization. Although we cannot list every situation, the following examples are not all inclusive. All uses and disclosures not included in this Notice are subject to your authorization if it falls within one of these categories. Your health information contains certain information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of the information. If you choose not to sign your consent, your health information will not be used or disclosed for any of the purposes listed in this Section, except as otherwise required by law.

- As Required By Law
- For Treatment, Payment, or Health Care Operations
- For Research

CONSENT

You may, by law, choose to receive certain health information in a format that protects your privacy. By the end of this Notice, you will learn what your options are regarding your privacy in the care you receive. We will respect your choices unless you choose not to receive certain types of health information.

RIGHT TO REQUEST RESTRICTIONS

If your health information contains certain information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of the information. If you choose not to sign your consent, your health information will not be used or disclosed for any of the purposes listed in this Section, except as otherwise required by law.

- To Avert a Serious Threat to Health or Safety

As Required By Law

We may use or disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to someone able to help prevent the threat.

- Special Situations

We may use or disclose your health information without your authorization in the situations below:

- Organ and Tissue Donations
- Military and Veterans
- Workers' Compensation
- Public Health Activities
- Health Oversight Activities
- Research
- Fundraising Activities
- Health Information Exchanges

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information and to provide you access to and disclosure of health information. The federal government has privacy rules that require that we provide you with information on how we might use or disclose your identifiable health information. We are required by the federal government to give you our Notice of Privacy Practices.
problems to products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as authorized by law; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

Health Care Operations. As required by law, we may use and disclose your health information for the purposes of medical audits and Disease Management Programs authorized by law, Secretary of the Department of Health and Human Services. Examples of oversight activities include: audits, investigations, inspections, and licensure. Oversight activities are necessary for the government to monitor the health care system and government programs to ensure compliance with civil rights and health laws and to enforce regulations.

Lawsuits and Disputes. To disclose your health information in connection with a lawsuit, subpoena, summons or similar process; or upon request by a law enforcement official(s) for certain law enforcement purposes. We may report a death that we believe may be the result of criminal conduct or report suspected criminal conduct occurring on our premises. We may also report information related to a suspected crime discovered in the course of providing emergency medical treatment.

Coroners, Medical Examiners and Funeral Directors – to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of Emory Healthcare to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities – to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others – to authorized federal officials so they may provide protection to the President of the United States, other authorized federal officials who have been designated to provide protective services to the President or others as required by law, Secretary of the Department of Health and Human Services. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USEs AND DISCLOSURES WHICH REQUIRE YOUR AUTHORIZATION
Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, disclosures that constitute a sale of health information, and disclosures for research purposes require your written authorization and will be made only with your written authorization.

You may revoke your authorization by giving written notice to the medical records department where you received your care. If you revoke your authorization, we will no longer use or disclose your health information as permitted by your initial authorization. Please understand that we will not be able to take back any disclosures we have already made and that we are still required to retain your records containing your health information that documents the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
Right to View or Request a Copy – You have the right to view or request a copy of your record within a reasonable time. To request this, you must submit your request in writing to the Privacy Office, 101 W. Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. We will notify you in writing of the fees for the costs of copying, mailing or other supplies associated with the request. You may request a copy of your record on paper, electronically, or in a machine-readable format. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. You may request an electronic copy of your record if it is available in an electronic format. We will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. Emory Healthcare may not retain medical records from other facilities, including your medical record or designated record set. These could include radiology films, scans or compact discs that were or might be provided to your employer for pre-employment physical examinations, or might otherwise be provided to you if we are your employer.

Right to an Accounting of Disclosures – You have the right to request a list of the disclosures we made of your health information except for disclosures:

- for treatment, payment or health care operations, pursuant to an authorization, incident to a permitted use or disclosure, or for certain other limited disclosures defined by law.

To request this list, you must submit your request in writing to the Emory Healthcare Privacy Office at 101 West Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. Your request must specify a time period for which you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before we provide the list.

Right to Request Restrictions – You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a restriction or limitation on the health information we disclose about you to someone to whom you are involved in your care, such as a family member, a friend, or a person of your choice. To make a request, you must submit your request in writing to the Privacy Office, 101 W. Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. Your request must specify the health information you want to limit, whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, discloses to your spouse.

Right to Request to Receive a Copy of This Notice – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Office, 101 W. Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030. You may also request to communicate with the Social Security number.

Right to Receive a Paper Copy of This Notice – Even if you have agreed to receive this Notice electronically, you have the right to receive a copy of this Notice in paper form. To obtain a paper copy of this Notice, write to the Emory Healthcare Privacy Office, 101 W. Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030.

Right to Receive Notification of a Breach of Your Health Information – We have put in place reasonable processes and procedures to protect the privacy of your health information. In the event of an unauthorized acquisition, access, use, or disclosure of your protected health information we will notify you as required by law. The law does not require notice to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you.

In any event, we will notify you of any breach of your health information that may affect you.

Should there be a breach of your health information, we may notify you in writing. We will post a copy of the current Notice at the Privacy Office, 101 W. Ponce de Leon Ave, 2nd Floor, Suite 242, Decatur, Georgia 30030 or call 404-778-2757.

This Notice of Privacy Practices applies to the following organizations:

Emory Healthcare facilities that will abide by this notice include: Emory University Hospital, Emory University Orthopaedics and Spine Hospital, Emory University Hospital Midtown, Emory Johns Creek Hospital, Emory Saint Joseph’s Hospital, Emory Adventist Hospital, Emory Ambulatory Surgery Center at Dunwoody, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Centers, Emory Clinic, Emory Children’s Center, Emory Specialty Associates, Emory Wesley Woods Center, Emory Dialysis Center, LLC. Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Medical, Emory Physical Therapy. This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 404-778-2757.
Emory University is called a "Hybrid Covered Entity" under the HIPAA regulations. This is because the University has some components that are covered by HIPAA (hereafter referred to as, "Covered Component") and others that are not. The following Emory University facilities have a Covered Component: the School of Medicine, School of Nursing, School of Public Health, Emory College and Emory University Graduate School Departments of Psychology, Student Health Services, Oxford College Student Health Service, Autism Center, Psychoanalytic Institute, and the Clinical and Translational Research Lab. These facilities may change from time to time; you may obtain an updated list of facilities by calling 404-727-2398.

Emory Healthcare facilities are clinically integrated and part of an organized health care arrangement (OCHA) with its components and other components of Emory University. Your health information may be disclosed between the University’s Covered Components and the University may disclose your health information to Emory Healthcare if necessary to carry out treatment, payment or health care operations related to the OCHA. All components of the OCHA arrangement are required to abide by this Notice.

Individuals who work in a Covered Component must follow HIPAA and this NPP. Individuals in a facility work as a part of the facility’s Covered Component when they perform one of the following activities:
(a) Treat patients and bill insurance or government programs for that treatment. (Note: Student patients are covered by the Family Educational Rights and Privacy Act instead of HIPAA),
(b) Take or process payment for health care services that are billed to insurance or a government program, and/or
(c) Perform health care operations.

NOTE: The Emory University Group Health Plan operates under a separate Notice of Privacy Practices and therefore does not follow this Notice.

Emory Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Emory Healthcare cumple con las leyes federales de derechos viviles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Emory Healthcare tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

ATTENTION: If you are an individual with limited English language proficiency assistance services, free of charge, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Non-Discrimination Policy

emoryhealthcare.org/ui/pdfs/ehc-sec1557nondiscrimination-policy.pdf